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THE NERVOUS SYSTEM.

[Communicated for the Boston Medical and Surgical Journal.]

IN the Journal for the 15th of December last, was an article by the writer of this, on the connection between the mind and the nervous system. The position taken in that article, was that the cerebro-spinal nervous system, instead of being composed of a multiple of nerves, and nervous centres, possessed of different specific properties, or vital endowments, was as simple in its function, as in its structure; that the effects arising from the supposed inherent properties, were merely the results of mental activities *instinctively* associated with physical excitements of nerves; and that this main portion of the nervous system was placed between the organs of the senses, and the organs of motion, to furnish certain physical conveniences to the mind, to enable it to control and direct the motions of the body, and its several parts, as it is guided by sensation; and in accordance with this idea, the cerebrum is interposed between the organs of the specific nerves, and the muscles—being connected with the former by the olfactory, the optic, and the auditory nerves, &c., and with the latter by the anterior portion of the spinal marrow, and the anterior nervous cords: while the cerebellum maintains the same relation to the sense of touch or general sensation, and the muscles; being connected with the general surface and the muscles by the posterior column and the posterior nervous cords, which, instead of being the nerves of sensation merely, are the nerves of touch, and of those motions which are directed by touch. (The few fibres that pass from the cerebellum to the anterior column, called the arciform fibres, may be simply commissural, or they may serve to connect the cerebellum with certain muscles whose movements, though not originally associated with touch, become so in the progress of development.)

Two cases of disease of the brain have lately come under my observation, which appear to me to confirm the above idea. And my chief object in returning to the subject at this time, is to invite others to look at the symptoms of disease of the brain from the same point of view; and should future observation confirm mine, a method of studying the physiology of the nervous system will be opened as satisfactory, at least, as that now so common, by torturing dumb animals.

One of the cases referred to, was apoplexy in an Irish laborer, brought on by working in the hot sun; the other was hydrocephalus, in a boy about 7 years old. In both of these there was a marked disproportion between the loss of movements directed by touch and those directed by the special senses. In the case of apoplexy, when it was impossible to excite any movement by sound, or a bright light, he would brush a fly from his face, or change his position to rid himself of any source of annoyance or uneasiness. On attempting to give him an injection, he thrust his hand down and seized the syringe, resisting the operation with considerable well-directed effort. From this state he gradually emerged, with the loss of sensation and motion of his right side. About a fortnight from the attack, he began to feel an itching in the skin of the paralyzed side, when, though still insensible to slight irritations, on plucking the hairs on the back of his hand he complained of pain. Three days afterwards, on tickling the sole of his foot the toes were moved. He soon after this, acquired power to stand on that foot, and at the end of four weeks could walk, his hand being, however, still paralytic. More recently, the use of this last has been partially restored to him.

The boy affected with hydrocephalus exhibited this disproportion in a more striking degree. While apparently unconscious, and unaffected by the specific senses of sight and hearing, he was noticed to brush a fly from his face repeatedly, and perform a great variety of movements calculated to relieve himself from unpleasant sensations. On attempting to feel his pulse at the wrist, he several times raised his other hand, and extending it across his body, from where it lay on the opposite side of him, seized my hand or wrist, and retained his hold for some time. Often he would seem to be groping or reaching for some object, and a handkerchief or piece of cloth being given him, he would wipe his eyes or forehead, repeating the motion many times. This was what he had been in the habit of doing after bathing his eyes for scrofulous inflammation with which he was affected before his last disease. Sometimes he would tie the bit of cloth up in knots, evidently guided by the sense of feeling, in so doing. It is true, he occasionally roused up after the symptoms of compression began to show themselves, and spoke, and saw, and heard. But then all the sensible faculties were awake, feeling as well as the rest, while these periods were short compared with those in which the latter faculty alone was manifested. They also ceased altogether two days before his death, while he was noticed to brush a fly from his face within twelve hours of that time.

It is difficult to understand these symptoms on the commonly-received opinions in regard to the physiology of the brain. But if we consider the cerebrum as the chief instrument of the mind in governing the motions of the body as directed by the specific senses, and the cerebellum as occupying an analogous position with regard to touch, a ready explanation is afforded. In both of these cases, although there was no opportunity for post-mortem examination, there can be little doubt that the pressure, whether of blood or serum, was more on the former of these organs, than on the latter. According to the tables of Andral, as quoted by Watson, the proportion of cases of apoplexy in which blood is poured

out in the cerebrum, to those in which it is effused into the cerebellum, is as nineteen to one. Dr. Gull, of England, lays down the proposition that when effusion takes place in the *cerebrum* there is greater loss of motion than of sensation—greater paralysis of the hand than of the foot —and the foot recovers first; precisely the order of events in the above case of apoplexy. The seat of effusion in a very large proportion of cases, in hydrocephalus, is in the ventricles. And it will be readily admitted that the pressure where the ventricles are distended with fluid is much greater on the cerebrum than on the cerebellum. In cases where there is softening it is much oftener found about the ventricles, particularly their posterior portions, than anywhere else.

Thus it will be seen that the symptoms correspond with what it is most natural to infer is the seat of the disease. In both cases the senses of sight and hearing, the movements dependent on them, and the cerebrum, there is reason to believe, suffered most; while the cerebellum, and the sense of touch with its movements, suffered least.

The large proportion of cases of paralysis in which motion is lost more than sensation, and the power over the hand more than that over the foot, is also a singular confirmation of this view. Watson, in speaking of this last, says that in nine cases out of ten of recovery, "aye! and in a much larger proportion than that, it is the leg that recovers first. And when one only of the extremities is affected, nineteen out of twenty times it is the arm;" just the proportion in which according to the tables of Andral the effusion of blood takes place in the cerebrum compared with the cerebellum. It has been attempted to explain this circumstance by supposing some particular part of the brain, such as the corpus striatum or the optic thalamus to have the specific property of controlling the arm or the leg; but the facts admit of no such supposition. A little reflection will satisfy any one that the movements of the hand are habitually under the direction of sight. As a matter of consequence the cerebrum is mostly employed in governing its motions. Hence when the power of that organ is destroyed, it is here that the want of it is most likely to be felt first. While the leg being habitually under the guidance of touch requires the integrity of the cerebellum for the perfect performance of its motions. The same mode of reasoning will account for the experiments of Bellingeri on the spinal marrow, who by irritating the anterior part produced movements of flexion, and by irritating the posterior column gave rise to movements of extension. It also places side by side with this last, the fact that in tetanus, opisthotonos or spasms of the extensors are so much more common than its opposite. Movements of extension being associated with touch habitually, and wounds injuring generally the nerves of touch, it is natural that the spasms should take place as they do.

The celebrated experiments of Flourens on the cerebellum, from which it has been inferred that that organ is for combining muscular motions, admit of a simpler and more consistent explanation by this rule. The motions of springing, of flying, of standing and walking, which were destroyed by destroying this organ, are evidently such as are dependent on the sense of touch. While the weakness of muscular motion and loss of

sight on the opposite side, on the removal of one hemisphere of the cerebrum, in an experiment referred to by Carpenter, are the results naturally to be expected, if that organ maintains a similar relation in regard to sight.

The idea that the cerebellum is the organ for combining and co-ordinating muscular movements is so vague, indefinite, and, withal, so comprehensive, as to beget a prima facie suspicion that all is not right. It is certain that all the motions (the reflex, for example) are not combined by it. Why, then, is a special organ created, with a special vital endowment, to combine the muscles for a part and not the whole of the motions of the body.

According to this idea, moreover, the anatomy of this part of the nervous system contradicts its physiology. Its main connection is with the posterior portion of the spinal marrow; only a few fibres pass to the anterior part—a position which is just the reverse of what it should be, were its office simply to combine muscular movements. This connection so impressed the mind of Sir Charles Bell, that at an early period of his experiments he held that the cerebellum was the organ of sensation. And to this day the same opinion is maintained by Foville, Pinel, Grandchamp and other French physiologists. There can be no doubt that the connection between the function of the posterior part of the spinal marrow, and that of the cerebellum, are as close as their anatomical connections. And when we say that those functions are to enable the mind to govern motions when directed by the sense of touch, we say what reconciles these conflicting opinions, and we say all we can say, without robbing the mind of its distinctive attributes, and the other nervous centres of their share in the just distribution of the offices of sensation and motion in the body.

Experiments on the spinal cord and nerves may be reconciled on this view much better than on the commonly-received one. If the mind habitually uses the anterior column when it contracts the muscles under the direction of the specific senses, muscular contractions alone become associated with its physical excitation; hence when irritated they alone are most likely to take place. If ever signs of uneasiness show themselves, as Magendie says, they may arise from cramps or because the animal does not like to have its locomotive faculties taken from its control, as in such cases it still has the power according to the conditions to feel them through the posterior column and cerebellum. In like manner when the posterior nervous cords are divided between the ganglion and column, it is natural for irritations of the proximate extremities to excite sensations, while the ganglions (which are the remains of the ganglions of invertebrated animals) may prevent the excitation of motions below; so that these motions not taking place is no proof that the nerve in its normal state is not instrumental in producing motion.

Too much importance is attached to this way of experimenting. The mode of irritating the nerve is at best but a second-hand imitation of the natural mode of exciting motion. And it is never known how much of the result is due to the mere physical properties of the nerve.

It was the fortune of Sir Charles Bell to approximate almost indefi-

nitely near the truth in a number of instances, and yet to fall short of it. And it was the doctrine of vital endowments that formed the stumbling block in his path. It was this that caused him to mistake a part of the truth for the whole, in imagining the posterior column of the spinal cord to be endowed with the property of sensation only.* It was this that caused him, after arriving at the highly philosophical opinion of a muscular sense, to imagine a distinct set of nervous fibres necessary for this purpose; when the truth is, the whole office of the motor nerves, so called, is to enable the mind to feel the muscles. It was this that caused him to change his mind in regard to the fifth nerve. Having once proved it to be a muscular nerve, it was inconsistent to call it a sensitive one also, because the same nerve could not have two endowments.

It was this, also, that prevented his seeing, that the mote in his brother's eye was a bit of the same timber with the beam in his own eye, when he declared that the reasoning of the phrenologist was a violation of all the principles of physiology. However manifest the errors of phrenology, it can never be overthrown so long as we hold to the doctrine of vital endowments. If two portions of nervous matter, no more separable by mechanical division, and no more unlike in structure, than the anterior and posterior columns of the spinal cord, can have distinct vital properties; then, by a parity of reasoning, the brain may be cut up at will, and as many of those properties as names can be found for, may be attributed to it. Had he said that phrenology is the legitimate *reductio ad absurdum* of the whole ground-work of modern physiology, he would have spoken safely.

The language employed by our most popular physiologists is little calculated to advance the science. To talk of seats of the mind, seats of instincts, seats of emotions, seats of perceptive and reflective consciousness, is to use words without meaning. It is the introduction of terms derived from our observation of material objects, into a province where they are wholly irrelevant. Material things have seats, or a location in space; but spiritual things, who has ever seen them there?

The brain is an instrument maintaining a certain relation to the organs of sense on the one hand, and to the muscles on the other, by which sensations are excited, and awake the mind to consciousness, and through which, the mind holds the muscles under its immediate and constant control, evincing, by the rapidity, variety, complexity, and nice equipoise and combination of their contractions, that the highest intellectual activities are called into exercise, even without consciousness on the part of the individual. To hold that the brain receives sensitive impulses from the organs of sense, and generates flying messengers in the form

* The fifth nerve, in its ganglionic portion, has for its office the sense of touch and the motions arising from the sensations of touch. Its smaller portion, which does not pass through the Caperian ganglion, enables the mind to control the muscles when directed by the eye, &c., as when an animal seizes its prey or bites another; while the portio dura performs the same office in connection with respiration. In regard to the superior laryngeal nerve, Sir Charles Bell is nearer right than his commentators. He calls it the constrictor of the glottis, while they suppose it the sensitive nerve of the glottis. It is probably both. It gives warning when any irritating substance comes in contact with the glottis, and enables the mind to contract the muscles necessary to close it. Why else does it connect with any muscle at all, and what closes the top of the windpipe in birds?

of motor impulses, and despatches them to the muscles, is an idea something more than absurd. It is simply ridiculous. The coexistence of the activity of the brain with that of the mind is all we have a right to infer. And although in the ordinary state of our being, there is a mutual dependence, the former is subservient to the latter. How these activities are associated, is, and will always, perhaps, remain a mystery. But instead of the mind having its seat in the brain, with the Pineal gland for its throne, there is no reason for supposing that its activity is confined to the nervous system. As it may be supposed to be present to the object in perception, so it may be present to the muscle in contraction. And we have yet to learn whether the office of the organ and nerve is anything more than simply to fix the attention of the mind on the external object and on the muscle.

Recently, treatises on physiology have suffered quite an addition to their vocabulary. The terms reflex, automatic, &c., which were originally invented to express some ill-understood phenomena of muscular contraction, have been promoted to cover the processes of thought. Thinking was too transcendental. So in the progress of science, it resolved itself into ideation, whence the transition was easy into cerebration. And finally, Byron and Shakspeare, as well as Newton and Laplace, were gravely told that they were the analogues of Babbage's calculating machine and the automaton chess player.

English physiologists urge an exclusive claim to this invention. Their right, however, may be contested by the author of Gulliver's Travels. In some one of his writings is an account of a man machine, which he had brought to such a state of perfection that he was in hopes it would soon reason as well as most country parsons. But whether a John Bull or an Irish bull establishes paternity, the offspring is legitimate, and will flourish so long as writers amuse themselves with words in place of things, and cheap metaphysics for the million are in demand. H.

November, 1853.

HUNTER ON THE VENEREAL DISEASE.*

[The following communication was received from a professional source entitled to respect.—Ed.]

Within the last year or two, medical science has been greatly enriched by additions to its syphilographic literature. In Europe, the advancement of this portion of our studies has been rapid and brilliant, and few of our profession come home from their Continental tour unaffected by what they have seen and heard in this department. The increase of prostitution and syphilitic disease, in our own country, coincident with the rapid march of civilization, forces upon us a growing necessity for more accurate knowledge of the means of eradicating its fatal

* A Treatise on the Venereal Disease, by John Hunter, F.R.S, with copious additions by Dr. Philip Ricord, Surgeon of the Hopital du Midi, Paris. Edited, with Notes, by Truman J. Bumstead, M.D., Physician to the North Western Dispensary, New York. Philadelphia, Lea & Blanchard, 1853. 1 vol., 8vo.

effects; and it must be owned that, in this respect, we are far behind our brethren of the *outre mer*. The writings of Maissonneuve and Montanier, of Puche, Cullerier and Vidal (de Cassis) in France; of Acton, Meric and Egan in Great Britain, and the translations of Ricord's letters in our own country, all tend to show the interest already existing, and the hiatus there was to be filled in this branch of surgical literature.

For a clear and concise review of the present state of what, since the syphilization excitement, we must call legitimate syphilis, what can be more promising than the united names of Hunter and Ricord? We hold that Dr. Bumstead has done great service in translating and editing this work, a new edition fresh from the cabinet of the Rue de Tournon, and which has never before been presented to the American reader. The editor seems to have bestowed great attention upon his part of the work before us, and a better translation of an author (than whom, in his vivid and fiery style, flashing and rapid as the wheels of his *coupé* in which these "notes" were actually written, no one could be more difficult to render into sober English), we think could hardly be offered for criticism. In this volume, printed in a clear type and with a full index, we have a manual of easy reference and of rich contents. The venereal disease, in every radiation of its intricate divergencies from its origin, is thoroughly and carefully considered, not only by Hunter and his annotator, Babbington, but by Ricord himself, and the American editor is not only a translator of these additions, but he has brought out all that can be found in other modern authors, especially those whose names we have above mentioned. These he has analyzed and compared with his own authors, and quoted their additions and their formulæ and prescriptions.

The book, as a whole, is the most complete treatise on the subject now to be found. Ricord's notes constitute one third of the volume, and the additions of the editor in this country are not inconsiderable. Himself recently a student at the Hôpital du Midi, he has gone to his work with all the zeal that the teachings of such a master must inspire.

The work should be read by all students, as well as practitioners, and to it in all confidence may they turn, sure to find the counsel they desire.

November, 1853. H——s.

QUININE PRODUCTIVE OF ABORTION IN FEBRILE AFFECTIONS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Since 1843, I have been thoroughly convinced that quinine was an abortant of no inconsiderable powers. I recollect, in the fall of 1843, I had many cases of intermittent fever, among them three negresses *enceinte*. As the quinine practice was then in great vogue, and very applicable, as I thought, to the cases, I prescribed it freely, but invariably with the abortion of the case, and its speedy recovery. Since 1842 I have prescribed quinine in many similar cases, sometimes guarding it with opium, in others alone. In the latter cases abortion has often been the result, adding confirmation to my former views. I recollect, not

many weeks since, I saw a case of intermittent fever in the fifth month of gestation. I prescribed quinine and opium. The case went on well, but relapsed, with some signs of abortion. I was called, but illness prevented my attendance, and another was sent for, who prescribed quinine alone, and abortion resulted. Not long since, I mentioned my convictions to my friend, Dr. Wm. Martin, of this county. He had long entertained a like opinion, and was glad to find a talesman. Dr. Martin related a case to me, in which the same agent produced a profusion of catamenial discharge in remittent fever; the discharge abating when the medicine was suspended, and *vice versa*. This conclusion of my friend I can verify in many cases.

I am so thoroughly convinced of the abortive tendency of the medicine, that I never prescribe it but in combination with full doses of opium or some of its salts. How far this opinion is prevalent in the South, I am not able to determine, but I feel convinced there are many practitioners who can bear testimony to it if they will refresh their memories a little. I would not say it will invariably induce abortion; no agent will do it; but I am sure it should be cautiously *administered in intermittent fever when pregnancy exists.* In haste, truly yours,

Thompson, Geo., Oct. 20, 1853. H. A. Ramsey.

FLY POISON.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In the Journal of the 26th of October, I observe a communication from Dr. C. B. Galentine, in which he speaks of a case of poisoning by "fly poison (cobalt)," as though this substance were really cobalt. *The fly poison or cobalt of the apothecary's shop is metallic arsenic, and does not contain a particle of cobalt.* It acts as a poison by becoming oxidized, and subsequently dissolved in the water in which it is placed. M. C. G. Gmelin states that the *salts of cobalt* act like the irritant poisons. Christison, in his work on Poisons, does not mention cobalt, but devotes a section to the fly powder of your correspondent.

Cambridge, Oct. 31, 1853.

ON DISEASES OF THE SKIN, WITH ESPECIAL REFERENCE TO THEIR CONSTITUTIONAL ORIGIN AND TREATMENT.

BY THOMAS HUNT, ESQ., F.R.C.S., SURGEON OF THE WESTERN DISPENSARY FOR DISEASES OF THE SKIN.

There are four conditions of the system which may be regarded as the proximate cause of chronic eruptions, of which two consist of impaired or abnormal vascular action, and two of a vitiated state of the blood; and it is also possible that, together with abnormal vascular action, there may be present a vitiated condition of the circulating fluids. Many valuable indications in the treatment of skin diseases may be derived from a diligent study of these various morbid conditions of the system.

In the observations which follow, I wish to be understood to be speaking of cutaneous diseases uncomplicated with existing organic disease of the viscera, although some of them may consist with disordered or deficient action in some important organ or organs.

1. There is a large class of cutaneous affections which simply depend upon impaired vascular action of the capillary system, or a generally languid circulation. These exhibit various forms of eruption, but in all of them the health appears tolerably sound, although it often happens that the bowels are torpid. Prurigo is the most common form of eruption, but lichen and pityriasis occasionally depend on a similar cause. The distinguishing character of the eruption is that of dryness; neither serum nor purulent matter are contained in the papulæ. The general signs are a weak and slow pulse, a pallid skin, impaired appetite, and intolerance of cold and heat. The beat of the heart is generally feeble, and the respiration slow. In cold weather the extremities cannot be kept warm. Papular or scaly diseases, depending only on this state of the circulation, will sometimes yield to warm baths of fresh water, and warm aperients, with a generous diet. These failing, the chloride of arsenic I have found to be the best remedy. The chloride of arsenic is a preparation not much known to the profession, but it has long been used by a few practitioners under the name of De Valangin's "solution of solvent mineral." I had the pleasure of bringing this medicine before the notice of the profession a few years ago, in a paper published in the Transactions of the Provincial Medical and Surgical Association, in which, on the testimony of Dr. Webster, of Dulwich, and of other practitioners, I described it as a very eligible preparation. Since then, I have had the satisfaction of seeing it introduced into the London Pharmacopœia, under the cognomen "*liquor arsenici chloridi.*" I have been, of late, so much pleased with this medicine, that for more than twelve months past I have never once prescribed Fowler's solution, which is certainly much more liable to decomposition, and is, therefore, in some degree, uncertain in its effects. It should be noted, however, that the dose of the liquor arsenici chloridi is not from three minims to ten, as it is described in our rudimentary works on pharmacy, but from ten minims to twenty, three times a-day. I have found twelve minims about equivalent to five of Fowler's solution. It seldom or never irritates the bowels, especially if administered with or immediately after a meal. It is scarcely necessary to adduce cases illustrative of this simple plan of treatment, but these are the cases in which arsenic is most useful and best borne by the patient. After a time it infuses a sense of warmth into the extremities, and a general glow over the whole surface; when this is effected, the disease more or less rapidly subsides.

2. Increased momentum in the circulation of the blood, with or without local congestion, is a more frequent proximate cause of disease of the skin, than the opposite condition. The more severe forms of lepra and psoriasis, as well as of lichen, are frequently (not invariably) associated with this state of the circulation, but the more usual form of eruption is eczema. When this disease becomes unusually severe and persistent, it will generally be found that there are symptoms indicative of increased

vascular action, and some degree of congestion in the larger viscera. The pulse is remarkably firm and incompressible, and remains so after a very considerable amount of depletion has been practised, which, so far from reducing the strength of the patient, very usually increases it, rendering him more lively and active, and capable of an increased amount of labor without fatigue. I am the more anxious to note this, because it is becoming the fashion to decry depletion, and many otherwise excellent practitioners use it with the extreme of caution, and appear to have no satisfactory means of measuring its amount, and adapting it to the case. It is indeed but in a small proportion of cases of skin diseases that active depletion is required. Very frequently tonics and a liberal scale of diet are the things most clearly indicated; yet there are numerous cases, especially in the order *vesiculæ*, in which the torments of the patient cannot be relieved but by a free abstraction of blood, a severe administration of purgatives and antimony, and a very restricted diet; and this system must be pursued without regard to any limits but those indicated by the pulse and the skin, and the general tone of the system. In these cases relief follows depletion, as a spring rises when a load is removed. The features, which are generally dull and heavy, and of a dingy hue, become bright and clear as the treatment proceeds, and the patient frequently remarks that he finds himself stronger on bread and water than he was on meat and beer. During the earlier stages of the treatment the disease often becomes worse, every dose of medicine appearing, as patients express it, "to throw it out;" but it at length subsides rapidly, and gets well either spontaneously or under the influence of alteratives.

Case I.—Mrs. P———, aged 40, applied at the dispensary on the 18th of March, 1853, having suffered severely for six months with a vesicular eruption on nearly all the fingers of both hands, which rendered her almost helpless. She had been the subject of this disease occasionally for twenty years, and always suffered most during the period of lactation. She is nursing an infant a few months old. Her pulse is rapid and her skin hot, but she calls herself tolerably well. Some pills were given her, consisting of aloes, colocynth, cambogia and blue pill, to be taken every alternate night, and a saline aperient, with half a grain of the potassio-tartrate of antimony, three times a-day. No beer or meat allowed.

March 29th.—She has taken her medicine regularly; but the eruption has increased in extent and severity; the discharge has formed hard crusts; the fingers are swollen, and the itching is tormenting. Skin still hot, and pulse frequent and firm. Leeches to be applied to the fingers, and the medicine and diet to be continued.

April 29th.—She has lost her infant from some inflammatory attack; was relieved by the leeches, but is costive; has neglected her medicine while nursing her sick child. Resume the medicine.

May 20th.—No improvement; appetite failing; catamenia present. Continue the medicines.

27th.—Fingers much worse. Repeat the leeches and continue the medicines.

June 3d.—Much relieved; health improved. Continue the medicines.

10th.—The hands are better, but the eruption has attacked the face and tarsi; complains of giddiness. Six leeches to be applied to the temples; continue the medicines.

17th.—Less giddy; catamenial flow profuse; feels very weak. Take a grain of beberine three times a-day dissolved in water.

24th.—Face and hands worse; health better, but weak. Continue the beberine, with purgatives.

July 1st.—Better and stronger; skin improving. Continue the medicines.

August 2d.—She has had one or two boils, and is now suffering from an attack of epidemic diarrhœa; eruption nearly well. Take a dose of calomel and rhubarb, and continue the mixture.

16th.—Quite well; feels better and lighter than for many months; is much reduced in flesh, but not in strength. No external application was used except cold wet rags.

Case II.—M. B———, a female servant, aged 28, of a spare habit, presented herself at the Dispensary, July 6th, 1852, with an eczematous eruption on the hams, legs, arms and neck, which had existed about twelve months, but had much increased for the last four or five weeks. Her occupation as a cook renders the disease almost intolerable, as every approach to the fire aggravates the itching. She complains of being very weak, but the bowels are always constipated; she is otherwise in good health. A dose of compound rhubarb pills every other night, and two drachms of sulphate of magnesia, with half a grain of quinine, three times a-day.

July 13th.—Skin improving, but the bowels constipated. Compound colocynth and blue pill every night.

Under the action of purgatives she rapidly improved, but the disease returned with increased severity several times. Leeches, purgatives and antimonials, with a rigid diet, were at length found to be the only remedies available; and after ten months of this treatment, in which an active purgative was taken every other night, for the whole period, she was discharged with a sound skin, in improved health, and complaining much less of weakness than when the treatment was first commenced. It is quite possible that in this case the blood might have been rendered impure by the absorption of fæcal matter; but the cases of acute eczema complicated with constipation, and yielding to purgatives, are extremely common both in children and adults. Sometimes a chronic form succeeds, which requires the chloride of arsenic, but a large majority are found to yield to the depletion long-continued, and somewhat unsparingly administered. In many of these cases the patient appears feeble, looks pale, complains of weakness and lassitude, and has been improving his diet in order to gain strength. The pulse, however, is generally full and strong, and after a full bleeding, with doses of calomel, purgatives, and antimonials, the patient will often express himself as feeling stronger than he has done for months. There is, in these cases, a condition of pyrexia with diminished secretions, which is unnoticed by the patient, and

unless the pulse is carefully examined, likely to be overlooked by the practitioner. In fact, it is quite clear that in many instances it is overlooked, for the patients have generally been treated with Plummer's pill, iodine and sarsaparilla, the state of the bowels (often loaded with hardened fæces) having been entirely neglected. I may be allowed here to say that the simple principle of successful treatment consists in regarding the skin disease as not the thing to be treated, but simply as a sign of something wrong elsewhere; and when this is rectified by ordinary treatment, the skin recovers immediately. The only difficulty in the diagnosis is—that the patient complains of the skin only, and requires to be questioned and cross-questioned before the real condition of the constitution can be ascertained.

It remains to be observed, that nearly all the forms of cutaneous eruption attended by the secretion and discharge of serous or purulent matter, will yield to this kind of simple treatment without arsenic, mercury, or any other powerful alterative. On this point I have seen no reason to alter the opinion I published six years ago, that "by rectifying what is obviously wrong in the general system, we put the patient into a condition in which the local disease has a chance of getting well; and sometimes this is all we have to do; the *vis medicatrix naturæ* will accomplish the rest." These few words present the ouline of all I shall have to advance in these papers; but as, by reason of their fewness, they have been overlooked by hasty readers, by whom I have been ignorantly charged with administering arsenic indiscriminately, and by holding it out as a "panacea in skin diseases," I deem it a duty I owe to myself, as well as to the profession, to illustrate by cases, what it was I wished to be understood by the phrase, "rectifying what is *obviously* wrong in the general system," particularly as in that phrase is comprehended all that is requisite in the treatment of the ordinary forms of cutaneous disease.—*London Lancet.*

OBSERVATIONS UPON LIPOMA OF THE NOSE.

BY SAMUEL G. WILMOT, M.D., DUBLIN.

Tumors of the simplest nature become the subject of surgical operation either from their interfering with important parts, from the inconvenience of their position, or from their unsightly or disfiguring appearance. For the two latter reasons, that curious growth from the nose which has received the name of "Lipoma" especially demands an operation for its removal. These tumors, growing from the extremity and alæ of the nose, when they acquire a large size hang downwards, disfiguring the individual so remarkably that he is compelled to observe the strictest retirement as the only means of screening himself from the unpleasant gaze of the public, and particularly from the juvenile part of it, who are apt, under such circumstances, to indulge their curiosity and risibility to rather a disagreeable extent.

But the annoyance arising from the disfigurement of a feature, the perfection of which is generally admitted to be, perhaps, not the lesta

essential to beauty, is probably a secondary grievance compared with others to which this affection leads; for when the tumors attain a very large size—which in some instances they do to an enormous degree—they fall down over the mouth, thereby interfering with the exercise of the sense of smell, impeding respiration, and proving a source of great inconvenience in eating and drinking. Sometimes these lipomatous growths occur singly; but oftener two, three or more, are to be found, varying in size. In the third volume of the Memoires de l'Académie Royale de Chirurgie, a plate is given by M. Civadier, showing two examples of this affection. In one case, four tumors are represented as having grown from both alæ of the nose, and which increased to such a magnitude that, to use M. Civadier's own words—"qu'elles lui formoient les narines, couvroient entiérement la bouche, et tomboient jusqu'au bas du menton." In the other case, five tumors are pictured, one very large, and the four others small.

In the case in which Mr. Hey removed a large growth of this description—a report of which, together with a plate, is to be found in the third edition of his works—"the tumor extended to the lower part of the under lip, and compressed his mouth and nostrils so much when he lay down to sleep, that he was obliged to keep a tin tube within one of his nostrils, that he might be enabled to breathe. He also generally wore this tube in the daytime, as the pressure which his mouth and nostrils suffered at all times from the bulk of his nose rendered breathing without this instrument somewhat troublesome. The tumor was in part immersed in the liquids which he drank, unless it was supported by his hand."

The nature of these growths was evidently quite misunderstood until lately. M. Civadier viewed the tumors he removed as carcinomatous; for in the work already alluded to he heads the account of the two cases he gives thus—"Description de plusieurs Tumeurs Carcinomateuses situées sur le nez." M. Delonnes, also, in a pamphlet published subsequently, and entitled "The New Progress of Surgery in France," calls the same affection "a sarcoma tending to carcinoma." It is now well known, however, that this disease is quite benign in its nature, being a hypertrophied condition of the skin and subjacent areolar tissue, with great enlargement of the sebaceous follicles. Dalrymple gives the following description of the affection:—This disease cannot be called simple hypertrophy, since this tissue has lost its natural pliancy and natural color; but rather approaches to a state of *elephantiasis*, in which the cellularity is partially destroyed, and a fibro-cellular structure substituted. The mass presents, externally, a nodulated surface of a purple or deep-red color, traversed by numerous minute and tortuous vessels. The larger separated portions are frequently divided from each other by deep fissures, occupying in many cases the convexities of the alæ and extremity of the nose. Where the disease has been of long standing, the altered state of skin advances as high as the junction of the frontal with the nasal integuments, seldom encroaching much on the palpebral furrows laterally, but accompanied, in the majority of instances, by a mottled state of the skin of the cheek, corresponding in color and general

appearance with the tumor of the nose. The sebaceous follicles are greatly enlarged; and their secretion is not only increased in quantity, but unless extreme cleanliness is attended to, it is offensive in smell, and excoriates the surrounding skin."

Notwithstanding the simple nature of the disease, it would seem that until recently surgeons were timid in operating upon it, apparently from the dread of hemorrhage. Sir W. Blizard is reported to have lost a patient from bleeding, upon whom he operated for the removal of a growth of this kind. Mr. Liston, however, in alluding to this unfortunate case, suggests the probability that there was an error in the diagnosis, and that the tumor must have been of the character of aneurism by anastomosis, and not lipoma. In the case operated upon by Mr. Hey, the hemorrhage, he states, was so considerable that the patient, although a stout man, nearly fainted. It is natural to suppose that a hypertrophied structure, the growth of many years, should be extremely vascular, and consequently bleed smartly upon being cut; but this is no argument against the operation—it is merely a reason for greater energy and quickness upon the part of the operator and his assistants. Mr. Liston says he has removed the disease "in a great many cases without one untoward accident." Mr. Syme has also removed a very large lipomatous growth from the nose of a man aged upwards of 80 (the case is recorded in the Edinburgh Monthly Journal for September, 1852), without the least unpleasant consequence; and it is now quite evident, that there is no ground for refusing to rid any individual of so disagreeable and disfiguring a companion.

The following case, in which I was recently called upon to operate, is a good example of lipomatous disease, and illustrates the perfect success of the operation for its removal.

I was requested by Dr. Tyler to accompany him to a short distance beyond Derry, for the purpose of removing a lipomatous excrescence from the nose of a gentleman, to whom the inconvenience arising from it became no longer endurable. The patient was 65 years of age, of healthy constitution, stout make, and rather florid complexion. The disease was of sixteen years' growth, and had increased more rapidly within the last five years than previously. There were two tumors. One, the larger of the two, equalled in bulk a good-sized apple; it was quite pendulous, and hung down over the mouth, being attached by a broad base, which extended from about the middle of the mesial line of the nose to its extreme point, and laterally upon each ala for a short distance; thus, the lower part of the nose was regularly imbedded, as it were, in the excrescence. The second tumor was about one fourth the size of the other, and was also pendulous; its base, which was rather oval in shape, being attached to the left alar cartilage. Upon raising up the tumors, the margin of the nostrils and the columna were observed to be perfectly free, so that it was obvious the morbid growth could be removed without injuring the proper form of the nose. The diseased mass was flaccid and corrugated, and when handled conveyed a peculiar soft, spongy sensation, with an obscure feeling of fluctuation, and upon pressing it firmly a quantity of sebaceous matter exuded from

several points. The skin of the nose, generally, was coarse and rough, being studded over with enlarged crypts; and at the lower part of the right ala was a tubercle, evidently the commencement of another tumor. The larger growth caused the greatest inconvenience; when the patient lay down to sleep, he was obliged, in order to breathe freely, to raise up the mass by means of a band passed beneath it and tied behind the head; and in eating and drinking much annoyance was experienced; beside this, the disfigurement from it was very remarkable.

With the assistance of Dr. M'Intire, of the Muff Dispensary, and Dr. Hunter, of Newtownlimavady, the tumor was removed. The large growth was first excised in the following manner:—The index finger of one of the assistants having—as recommended by Mr. Liston—been introduced into the right nostril, to give warning should the knife be carried too close to the cartilage, an incision was made along the right side of the tumor, in a semicircular direction, extending from the mesial line above, running along the edge of the naris, and terminating at the point of the nose; the tumor was then dissected up to the median line. Next, the finger having been introduced into the left nostril, a similar incision was made along the left border of the base of the tumor, and this side was dissected up as far as the median line. When the tumor was removed, the cut surface was clipped with a scissors, to render it as smooth and even as possible. The only difficulty in the operation was the avoiding too close encroachment on the margin of the nares, and injury to the cartilage in dissecting round it in the mesial line; for the lower part of the nose was so buried in the base of the tumor, and the structure was so dense, that mischief might readily have been done to the cartilage if due care had not been taken.

The smaller tumor was removed by an elliptical incision, which left but a narrow cut.

The bleeding during the operation was very smart; there were several arteries, fully as large as the coronary of lip, divided, but after the dissection of the tumor was completed, it was immediately commanded by pressing a small piece of dry sponge firmly for a few moments against the surface, after which the vessels were taken up and were secured separately.

For the first few days, water dressing was kept to the part, after which a lotion of sulphate of zinc, and subsequently one of borax, was applied. In less than four weeks the two cut surfaces were completely cicatrized.

After removal, the tumors were found to weigh nearly four ounces. Their structure, to the naked eye, appears to be composed of longitudinal fibres, taking a semicircular course, and bound so closely together that no trace of cellularity remains. It is of an ashy-white color, and extremely dense, which fully accounts for the sensation conveyed in dissecting up the tumor; for the point of the knife regularly grated against it, as if it were cutting through a gritty substance. Imbedded in it were several cysts, distended with atheromatous matter, varying from the size of a small pea to that of a hazel-nut, and which were doubtless the cause of the obscure feeling of fluctuation which the mass yielded.

While this paper was passing through the press I received a letter from Dr. M'Intire, from which the following is an extract:—"The ope-

ration has proved very satisfactory in its result. Our patient is now a very well-looking man, with a well-shaped and proportionate nose."—*Dublin Quarterly Journal of Medical Science.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 9, 1853.

Professional Munificence.—Boston has been blessed, in almost every period of its history, by members of the medical profession, who were distinguished, among other excellences, for their public spirit, or for their quiet, unobtrusive benevolence. It is fresh in the public recollection that the late Dr. Parkman's charities were extensive, and that one of his last great gifts, was the land on which the Medical College in Grove Street now stands. We have in our midst, at the present time, a medical gentleman who is constantly contributing, from his abundance, to the support of the deserving poor, or to the strengthening of useful institutions, and who in all respects shows, by his actions, without the least noise or parade, that he considers himself a steward, under Providence—and one who is constantly prepared to render an account of his stewardship. We should hardly have dared to refer in this manner to Dr. George C. Shattuck, were it not a subject of conversation and congratulation that within a few weeks he has given *fourteen thousand dollars* towards sustaining the professorship of morbid anatomy at Harvard College. To the lasting credit of the University, the chair is hereafter to be called the "Shattuck Professorship." This is but a tithe of what has been done by this eminent physician in advancing the best interests of a profession of which he is a distinguished member. Though the fact of the donation was announced in the Journal last week, we feel that it devolves upon us to do something more than simply to announce it, and we have therefore taken the liberty of again alluding to one who is thus using the gifts of fortune, to elevate and dignify the medical profession.

Punishment of Convicts.—The following article is taken from an exchange paper:

"A resolution has been introduced into the Kentucky Legislature, which provides that 'the keeper of the Penitentiary shall procure a suitable chemical dye, such as will stain the cuticle or outer surface of the skin perfectly black, so that it cannot be washed off, or in any way removed until time shall wear it away, and nature furnish a new cuticle or surface; and that with this dye he shall have the nose of each male convict painted thoroughly black, and renew the application as may be necessary to keep it so, until within one month of the expiration of his sentence, when it shall be discontinued for the purpose of permitting nature to restore the feature to its original hue, preparatory to the second advent of its owner into the world.'"

It is questionable whether any chemical application can be thus applied, year after year, or even for months in succession, without producing a permanent disfiguration of the organ. The perpetual effort of the system to throw off extraneous matter, of the character proposed, would be very likely to result in a permanent engorgement of the vessels, and subsequently an

enlargement of the nose, if not an unnatural redness, for the remainder of life. However desirable it may be to secure the public against the depredations of rogues, we believe it morally wrong to mar the countenance, or in any manner disfigure the human face divine, even in the case of criminals. Civilization has triumphed over the barbarous codes of the old world; and in the United States, the whipping-post, the pillory, branding irons, and the cropping of the ears, might be revived with as much propriety, as the adoption of the nose-staining edict proposed in Kentucky.

Theoretical Dentistry.—In common, probably, with all editors of scientific and literary periodicals, we are often surprised or amused by the letters and personal applications of correspondents. Not long since, a grave and venerable man was very urgent that we should assist him in procuring a publisher for a work which he had ready for the press. On inquiry into its character and objects, the author said it was a theoretical, practical treatise on dentistry, containing an elaborate review of the work of a dental operator, who, when alive, resided in New York. Ascertaining that it was a publication not only out of print, but absolutely good for nothing at the time of its appearance, the gentleman was assured of its insignificance, and further informed that the author had been dead nearly twenty years. None of the present generation knew of him, as he had not sufficient reputation to sustain the book. "Never mind that," said our reviewer; "I wish to galvanize him into life again, by the force of a scathing criticism." It was with extreme difficulty that he could be made to comprehend that no publisher in his senses would embark in the enterprise, or that a particle of interest would attach to the opinions of a defunct, obscure dental artist; and besides, that branch of professional business has assumed a new position, sustained by science and mechanical skill, quite unknown to the operators of his model author's day. All this, however, failed to convince him of the complete failure that would characterize his efforts—for he still insisted that a cutting, slashing review would wake up the profession, turn public attention to the importance of understanding the anatomy and physiology of the teeth; and, lastly, it was evident, the expectation was indulged of filling his own pocket with the avail of his heroic daring as a reviewer.

Propositions for publishing new theories and opinions that are expected to turn the medical world topsy-turvy, are quite common. Such clear and distinct displays of the radical defects of all the known systems of medicine are proposed by these writers, that a mighty revolution would seem inevitable as the result of the promulgation of their views. To discourage them in their literary labors, is evidently the duty of their friends, though this is apt to result in the loss of their friendship.

Medical Meetings in Cincinnati.—From a variety of sources, detached accounts of the late wordy war of the faculty in the Queen city of the West, has reached the Atlantic border, as our readers have already been informed. The last number of Dr. Buchanan's Journal contains a full report of all the facts and circumstances relating to the matter. After following the details of each meeting, which bear a striking similarity to a police report, it is quite impossible to ascertain who was right. Certain it is, that all were wrong who participated in the vituperations recorded. A certain candidate for a prominent elective office, after reading what the papers asserted of his character, said that he had no idea that he was so bad

till he saw it in print. Such will be the conclusion of some of the Cincinnati physicians, as the weaknesses and failings of each were unsparingly portrayed by the speakers. There were some plain truths told, shackled and embarrassed by extravagant representations of individual ambition. Many appear to have agreed that the Hospital, the question concerning the possession of which gave rise to the protracted and disgraceful controversy, was a badly-managed institution. It was a singular declaration to make, before a great assembly, that in one department there "*were only three old women, kept there for nest eggs!*" Some parts of the speeches of Dr. Tho. O. Edwards, a former member of Congress from Ohio, are without a parallel in medical discussions. If he can outlive the effects of his oratory, and especially of such stories as Pat and Murphy's whiskey frolic, and Sally and Jacob, he is invulnerable. Dr. M'Ilvaine seems to have exercised a keen vein of wit, to the terrible annoyance of his adversaries. When he attempted to be severe, his very words were scorching. On the whole, it will prove an unfortunate quarrel, by establishing personal animosities between gentlemen who ought to be on the best professional terms.

Middlesex (Mass.) District Medical Society.—The annual meeting of the Middlesex East District Medical Society was holden Nov. 2d. The following is the list of officers chosen for the ensuing year:—

Dr. Alonzo Chapin, of Winchester, *President.*

Dr. Joseph D. Mansfield, of South Reading, *Vice President.*

Dr. Truman Rickard, of Woburn, *Secretary.*

Dr. Augustus Plympton, of Woburn, *Treasurer and Librarian.*

Dr. S. Watson Drew, of Woburn, *Auditor.*

Drs. Benjamin Eaton of Woburn, Moses Parker of Melrose, Horace P. Wakefield of Reading, *Counsellors.*

Drs. Alonzo Chapin of Winchester, Horace P. Wakefield of Reading, Truman Rickard of Woburn, *Censors.* T. Rickard, *Secretary.*

Surgical Pathology.—From Messrs. Lindsay & Blakiston, a volume has been received in the form of a large octavo, containing 700 pages, bearing the title of "*Lectures on Surgical Pathology, delivered at the Royal College of Surgeons of England, by James Paget, F.R.S., late of St. Bartholomew's Hospital. Hypertrophy; Atrophy; Repair; Inflammation; Mortification; Specific Diseases; and Tumors.*" A more complete system of instruction in the departments embraced by the learned author, has not appeared in any language. Superadded to the text, are 672 illustrations on wood, adding immensely to its value. There is a desirable freshness in this work, which the reader fully realizes, in proceeding from one page to another, made the more apparent from the multitude of comparatively recent facts. Then, again, such are the exactions of modern science, that nothing can be taken in evidence unless most carefully sustained, and tested in a variety of ways known to modern medical research. In the official relation of a teacher of anatomy and surgery at the Royal College of Surgeons, from 1847 to 1852, the author improved his rare opportunities for personal investigation and exploration; and the large volume to which these observations refer, shows how faithfully time was economized to collect and arrange such a mass of materials. In number, the lectures are fifty-three, embracing a great amount of valuable information. At the twentieth lec-

ture commences the consideration of specific diseases, including cysts and tumors of all known descriptions. We have no recollection of having anywhere seen a greater amount of that kind of direct instruction, which is so much needed, as quacks monopolize a majority of the tumors and formidable ulcers. This treatise has made its appearance at a fortunate period; and that part especially embracing tumors will be, we trust, extensively appreciated.

Boston Society for Medical Improvement.—Through the politeness of the Secretary of this Society, Dr. Morland, a pamphlet containing the constitution and by-laws, together with a catalogue of the members, has been received. An increased interest would have been felt in it, had a synopsis of the transactions been introduced. Physicians of the city, not having the honor of belonging to the Society, would derive satisfaction from a perusal of the monthly doings. The cabinet is known to be a very choice one, and in the constant process of augmentation. If, however, it were open daily to medical strangers, as well as the profession in town, the effect would be favorable in many respects. It is not always possible for those who would like to study morbid specimens, to be present at a regular meeting. We have no other motive in these remarks than a cordial desire to have the greatest amount of good accomplished, both for the institution and society at large.

Death of Dr. Jones, of Maryland.—At a late meeting of the Talbot Co. Medical Society, appropriate resolutions were passed respecting the recent death of Dr. William Jones, of St. Michaels, Md. Dr. C. C. Cox, President of the Society, made some appropriate and feeling remarks, from which we learn that Dr. J. was a humane and judicious physician, a sterling citizen, a constant friend, and a consistent and exemplary christian. He graduated at Philadelphia in 1828, and had already acquired an extensive practice. The disease which caused his death was colonitis, supervening upon remittent fever. From the moment of his attack, he formed an unfavorable prognosis, but he manifested no impatience nor murmuring. In the morning of the day on which he died, he said to one of his physicians —"Throw open the shutters, that I may see the light once more. It is the last earthly day that will ever dawn upon me, but an eternal day of joy is opening before me."

To Correspondents.—The following communications have been received:—Some account of the Medical Profession in Hancock Co., Ill.; Poisoning by Cobalt; Homœopathy; On the Adjustment of the Eye to Distances; Operation for Hernia.

Married,—At Brooklyn, N. Y., Dr. James F. Burrill to Miss Helen S. Milledoler.—At Lebanon, Me., John S. Parker, M.D., to Miss Miriam B. Wood, of L.

Died,—At Lexington, Mass., Dr. Amariah Preston, aged 95 years and 6 months.

Deaths in Boston for the week ending Saturday noon, Oct. 5th, 69. Males, 31—females, 38. Accident, 1—inflammation of the bowels, 2—burn, 1—disease of the brain, 2—congestion of the brain, 1—consumption, 17—convulsions, 3—croup, 4—dysentery, 3—dropsy, 1—dropsy in the head, 2—infantile diseases, 5—puerperal, 1—typhoid fever, 3—scarlet fever, 2—hooping cough, 2—intemperance, 1—inflammation of the lungs, 5—marasmus, 1—measles, 4—old age, 2—pleurisy, 2—smallpox, 1—inflammation of the stomach, 1—thrush, 2.

Under 5 years, 28—between 5 and 20 years, 6—between 20 and 40 years, 20—between 40 and 60 years, 10—above 60 years, 5. Born in the United States, 48—Ireland, 18—Germany, 2—England, 1 The above includes 7 deaths at the City Institutions.

Penalties to which Medical Men are exposed in the discharge of their Duties, as seen in the Case of Rough v. *Rough, Lyell, and others.*—Judges, including Justices of the Peace, are protected in the discharge of their duties; counsel are not responsible for the opinions they deliver, or for the proceedings they advise, and jurymen incur no penalty by returning verdicts even contrary to evidence. But the medical profession enjoys no such immunity. Medical men, for acts done in the discharge of their duty, are exposed to legal penalties, and may be subjected to vexatious lawsuits on the weakest and most unfounded allegations. Of this a remarkable illustration is afforded by the case of Rough *v.* Rough, Lyell, and others, tried before the Lord-Justice Clerk and a jury on the 9th of August last.

The circumstances of that case are briefly these:—

The pursuer, Rough, was brought from a distance to her mother's house in a state of insanity, in February, 1847. Dr. Lyell, of Dundee, at the request of her relatives, had several interviews with her, for the purpose of examining into her state of mind; and thereby, and also from inquiries at her relatives and others, and correspondence with the medical man who attended her previously, satisfied himself of her insanity. Accordingly he granted a certificate, on a petition to the Sheriff of Edinburgh, for warrant to confine her, and this certificate was subsequently signed by Drs Moir and Scott, of Musselburgh, after they had carefully examined the patient. A warrant was thereafter obtained for her confinement in an Asylum, near Musselburgh, where she was in consequence placed. She remained and was treated there down till about August, 1850. By that time she had improved in health, and was, in consequence, permitted to remove and board with a family in the village of Ormiston.

Having afterwards recovered, or at least alleging that she was sane, and had never been insane, she brought an action against her relatives and others, and also against the medical men, to recover damages from the former for having wrongously confined, or caused her to be confined, and wrongously detained, or caused her to be detained, in the asylum; and from the latter for granting their certificates without due inquiry and examination.

Drs. Lyell and Scott (Moir being dead), were compelled to defend this action, and after a costly record had been made up, issues were adjusted, and the cause set down for trial. Much trouble and great expense were incurred in getting up evidence and preparing. The day of trial came. A host of counsel appeared for the parties. A jury was impannelled and the trial commenced. But so utterly groundless was the pursuer's case found to be, that after two or three of her witnesses had been examined, her counsel gave it up altogether, and the judge had to direct the jury to return a verdict for the defenders, in respect there was no evidence to go to them.

The result of this triumphant refutation of the pursuer's accusation is, that Drs. Lyell and Scott, for conscientiously certifying what they believed to be true, are amerced in a heavy bill of costs. For, although the verdict entitles them to decree for expenses, that decree will, it is believed, be utterly worthless. Surely for such a grievance a remedy should be provided. —*Edinburgh Monthly Journal of Medical Science.*

Bad Water and Cholera.—From the account received from Carlscrona, in Sweden, it will appear that the immense havoc which the cholera has made has been in a great measure attributed to the bad quality of the water. Out of a population of 12,000 inhabitants, there have been 1767 cases, and 932 deaths.—*London Lancet.*